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DATE: February 18, 2005

PAGES (INCLUDING COVER): 4

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CLIENT NUMBER: 054030-0045

FROM: Charles L. Leeck (X5228)

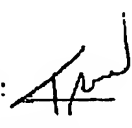
MESSAGE: RE:

Applicant: Richard L. Moss, et al.  
Application No.: 10/748,354  
For: **TRANSGENIC MODEL FOR MYOCARDIAL FUNCTION**  
Filed: 12/30/2003  
Group Art Unit: 1632  
Examiner: Unknown  
Attorney Docket No.: 054030-0045

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Attachments  
MW923996\_1.DOC

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/748,354	
	Filing Date	12/30/2003	
	First Named Inventor	MOSS, Richard L.	
	Art Unit	1632	
	Examiner Name	N/A	
Total Number of Pages in This Submission	3	Attorney Docket Number	054030-0045

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD  <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <div style="border: 1px solid black; padding: 2px;">Ownership Statement</div>

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Firm Name	Godfrey & Kahn, S.C.		
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Printed name	Charles L. Leeck		
Date	02/18/2005	Reg. No.	50,343

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## STATEMENT UNDER 37 CFR 3.73(b)

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CENTRAL FAX CENTERApplicant/Patent Owner: MOSS, Richard L. and DE SANTANA PEREIRA, JoseApplication No./Patent No.: 10/748,354 Filed/Issue Date: 12/30/2003

FEB 18 2005

Entitled: TRANSGENIC MODEL FOR MYOCARDIAL FUNCTIONWisconsin Alumni Research Foundation a 501(c)(3) nonprofit corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
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The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 015665, Frame 0835, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
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☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature

02/18/2005

Date

Charles L. Leeck

Printed or Typed Name

414-273-3500

Telephone Number

Authorized Attorney for Owner

Title

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OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

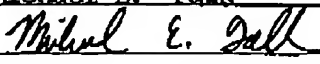
**Assignee Name and Address:**

Wisconsin Alumni Research Foundation  
614 Walnut Street, 13th Floor  
Madison, WI 53705

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

**SIGNATURE of Assignee of Record**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Name	Michael E. Falk		
Signature		Date	July 22, 2004
Title	Director of Intellectual Property	Telephone	(608) 265-4527

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